

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/695744 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
35 1	1					
35 2		1				
35 3		1				
35 4		1				
35 5		1				
35 6		1				
35 7		1				
35 8		1				
35 9		1				
35 10		1				
36 1		1				
36 2		1				
36 3		1				
36 4		1				
36 5		1				
36 6		1				
36 7		1				
36 8		1				
36 9		1				
37 10		1				
37 11		1				
37 12		1				
37 13		1				
37 14		1				
37 15		1				
37 16		1				
37 17		1				
37 18		1				
37 19		1				
37 20		1				
37 21		1				
37 22		1				
37 23		1				
37 24		1				
37 25		1				
37 26		1				
37 27		1				
37 28		1				
37 29		1				
37 30		1				
37 31		1				
37 32		1				
37 33		1				
37 34		1				
37 35		1				
37 36		1				
37 37		1				
37 38		1				
37 39		1				
37 40		1				
37 41		1				
37 42		1				
37 43		1				
37 44		1				
37 45		1				
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

CLAIMS ONLY						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						/	/	/	/	
2	/						/	/	/	/	
3	/						/	/	/	/	
4	/						/	/	/	/	
5	/						/	/	/	/	
6	/						/	/	/	/	
7	/						/	/	/	/	
8	/						/	/	/	/	
9	/						/	/	/	/	
10	/						/	/	/	/	
11	/						/	/	/	/	
12	/						/	/	/	/	
13	/						/	/	/	/	
14	/						/	/	/	/	
15	/						/	/	/	/	
16	/						/	/	/	/	
17	/						/	/	/	/	
18	/						/	/	/	/	
19	/						/	/	/	/	
20	/						/	/	/	/	
21	/						/	/	/	/	
22	/						/	/	/	/	
23	/						/	/	/	/	
24	/						/	/	/	/	
25	/						/	/	/	/	
26	/						/	/	/	/	
27	/						/	/	/	/	
28	/						/	/	/	/	
29	/						/	/	/	/	
30	/						/	/	/	/	
31	/						/	/	/	/	
32	/						/	/	/	/	
33	/						/	/	/	/	
34	/						/	/	/	/	
35	/						/	/	/	/	
36	/						/	/	/	/	
37	/						/	/	/	/	
38	/						/	/	/	/	
39	/						/	/	/	/	
40	/						/	/	/	/	
41	/						/	/	/	/	
42	/						/	/	/	/	
43	/						/	/	/	/	
44	/						/	/	/	/	
45	/						/	/	/	/	
46	/						/	/	/	/	
47	/						/	/	/	/	
48	/						/	/	/	/	
49	/						/	/	/	/	
50	/						/	/	/	/	
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51	/	/	/			
2		/				52	/	/	/			
3	/					53	/		/			
4		/				54	/		/			
5	/					55	/		/			
6	/					56	/		/			
7	/					57	/		/			
8		/				58	/		/			
9		/				59	/		/			
10		/				60	/		/			
11		/				61	/		/			
12		/				62	/		/			
13		/				63	/		/			
14		/				64	/		/			
15		/				65	/		/			
16		/				66	/		/			
17		/				67	/		/			
18		/				68	/		/			
19		/				69	/		/			
20		/				70	/		/			
21		/				71	/		/			
22		/				72	/		/			
23		/				73	/		/			
24		/				74	/		/			
25		/				75	/		/			
26		/				76	/		/			
27		/				77	/		/			
28	/					78	/		/			
29	/					79	/		/			
30	/					80	/		/			
31	/					81	/		/			
32	/					82	/		/			
33	/					83	/		/			
34	/					84	/		/			
35	/					85	/		/			
36	/					86	/		/			
37	/					87	/		/			
38		/				88	/		/			
39	/					89	/		/			
40		/				90	/		/			
41	/					91	/		/			
42	/					92	/		/			
43		/				93	/		/			
44		/				94	/		/			
45		/				95	/		/			
46	/					96	/		/			
47		/				97	/		/			
48		/				98	/		/			
49		/				99	/		/			
50	/					100	/		/			
TOTAL IND.			↓			TOTAL IND.			↓	18		
TOTAL DEP.			←			TOTAL DEP.			←	372	←	
TOTAL CLAIMS						TOTAL CLAIMS				350		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS